to go smoke free. The movement has apparently gained the support of such musicians as Boyz II Men, En Vogue, Linda Ronstadt, John Lee Hooker, Richard Marx, Bobby McFerrin and Tuck & Patti. According to press reports, McFerrin, Tuck & Patti and the Roches, within the past four months, have requested that their shows be smoke free. *See USA Today*, February 4, 1993.

[31] ◆ Restaurant Guide Prepared in Response to EPA Risk Assessment on ETS

Public health experts have reportedly published a guide to the 175 restaurants in San Francisco that do not permit smoking. The guide, which is available free of charge, was evidently released in response to the EPA Risk Assessment on ETS. *See The San Francisco Chronicle*, February 3, 1993.

[32] ASH Issues National Survey on Smoking and Health

Earlier this month, ASH distributed to those on its mailing list a two-page "National Survey on Smoking & Health."

The first two questions in the survey relate to ETS. They ask what action, if any, the government should take with respect to smoking policies in (i) public places and (ii) private workplaces. Four answer choices are provided: Ban all smoking; permit smoking only in separate sections; only enforce decisions made by owners; or do nothing.

The other questions in the survey ask whether the government should spend more money on "antismoking education," whether the government should discontinue tobacco subsidies, whether the United States should ban tobacco advertising, and whether the government should require smokers to pay more for health insurance.

The cover letter accompanying the survey advocates the use of "citizen-supported legal action" to "guarantee every nonsmoker the right to breathe air unpolluted by tobacco smoke in all public places, including the workplace." Recipients of the letter are asked to return the completed survey along with a monetary contribution.

[33] ◆ High School Students Close Teachers' Smoking Lounge

At Wantagh High School in New York, two students responded to the EPA Risk Assessment on ETS by launching a campaign to close the teachers' smoking lounge located across the hall from their afternoon calculus class. By a vote of 88-20, school employees agreed to close the lounge after the students waged an information and lobbying campaign. The matter may be subject to collective bargaining, however, and the employees' union maintains that a ban must be negotiated. New York City schools and several districts on Long Island are reportedly smoke-free, but it is believed that this is the first time where the impetus to adopt such a policy came from students. *See Newsday*, February 13, 1993.

[34] West Virginia Poll

According to a newspaper article, a West Virginia poll indicates that 72 percent of residents favor setting aside smoking areas in hotels, motels, the workplace, and restaurants. West Virginians' attitudes apparently closely parallel national trends revealed in a December 1991 Gallup poll. That survey found 66 percent to 70 percent of people nationwide favor designated smoking areas in public. The poll was conducted by telephone interviews between January 11 and 14, 1993, the week following release of the EPA Risk Assessment on ETS. It was conducted by a polling company for the *Charleston Daily Mail*, *WSAZ Television 3* and *Associated Press*, using a random sample of 409 West Virginia residents. *See Charleston Daily Mail*, February 15, 1993.

MEDIA COVERAGE

[35] "Q and A," Real Estate Desk, *The New York Times*, February 7, 1993

A co-op shareholder wrote to *The Times* asking if she has any right to a smoke-free home. Evidently, fellow shareholders smoke heavily, and the odor of fresh and stale smoke allegedly permeates her home. She said she was writing out of concern for her health.

The answer provided was that the only way she could force fellow tenants not to smoke would be if she could prove that "the smoke is so odious that it violates the legal tenet known as the warrant of habitability." Although "environmental problems" such as excessive noise are generally prohibited by co-op by-laws and documents, the chairman of the Council of New York

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Cooperatives, who was consulted for the response, observed that there have been no known instances of any co-op board taking action to restrict owners from smoking in their own apartments.

[36] ◆ "Something New to Chew Over in the Oval Office," R. Emmett Tyrrell, Jr., *The Washington Times*, February 7, 1993

In this commentary, the author disputes the findings of the EPA Risk Assessment on ETS, calling it "shoddy science," and discusses the Clintons' decision to ban smoking in the White House. The author states that consistency will require that produce sprayed with pesticides, electric appliances emitting electromagnetic fields, and chlorinated water be banned as some studies indicate they pose greater health risks than exposure to ETS. When the Washington press corps sought to dispute claims that the Clintons do not smoke by producing photographs depicting President Bill Clinton on his campaign plane with a cigar, the President's press secretary said he doesn't smoke cigars, he chews on them. According to this commentator, our "youthful president" has devised a method of "safe smoking."

[37] Perfume Ban Sparks Controversy in San Francisco

With comparisons to the controversy over smoking bans and ETS, attention has been given in the media recently regarding the efforts of San Francisco's mayor and chief administrative officer to make public meetings accessible to those who allege they have chemical sensitivities. In November 1992, a memo was reportedly circulated to San Francisco department heads stating, "In order to allow individuals with environmental illness or multiple chemical sensitivity to attend the meeting or hearing, individuals are requested to refrain from wearing perfume or scented products."

Proscribed products include hair mousse, body lotion and clothes that have recently been to the dry cleaners.

The cosmetics industry has reportedly been unable to convince the mayor to change the ban, and a similar ban is now being considered in Marin County. On a statewide level, a group that lobbies on behalf of people with alleged chemical sensitivities has apparently asked libraries and schools to subscribe only to "fragrance free publications." Critics and commentators warn that deodorant and soap may be next on the "political correctness" agenda. *See The San Francisco Chronicle*, February 3, 1993; Transcript, *CBS Evening News*, February 12, 1993.

IN EUROPE & AROUND THE WORLD

REGULATORY AND LEGISLATIVE MATTERS

CANADA

[38] ◆ Durham Regional Council Seeks Public Input on Smoking Bylaw

The Durham Regional Council reportedly endorsed a model bylaw in December 1992 that would restrict smoking in public places to designated areas. The public health nurse for Durham Region, citing the U.S. EPA Risk Assessment on ETS, said that people are more aware of the alleged health effects of ETS exposure now, and residents are being given the opportunity to provide input into the proposed bylaw. A public meeting will be held later this winter on the matter. *See The Toronto Star*, February 11, 1993.

CHINA

[39] Government to Consider Extending Smoking Ban

According to Health and Welfare Secretary Elizabeth Wong Chien Chi-lien, the government is considering whether to extend existing smoking bans to more public places. The bans would be part of a larger package of initiatives designed to discourage smoking. *See South China Morning Post*, February 4, 1993.

HONG KONG

[40] ETS Health Warnings Now Required on Tobacco Products

The government has reportedly adopted new regulations which, among other matters, would require health warnings regarding ETS to be printed on tobacco products and cigarette packets. The warnings would state "smoking is harmful to oneself and others." *See Sing Tao Daily*, January 27, 1993.

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ISRAEL

[41] Smoking Restrictions to be Introduced by Health Minister

Health Minister Haim Ramon will reportedly introduce regulations to ban smoking in all workplaces except for restricted "smoking rooms." Although more than 30 percent of Israel's adult population smokes, surveys have shown that a large majority, including smokers, favors workplace smoking restrictions. Smoking is already reportedly barred in theaters, sports facilities, hospitals, supermarkets, banks, post offices, taxis, buses and elevators. The Health Minister is reportedly considering adding "non-residential places where bridge is played," to that list. *See The Jerusalem Post*, February 4, 1993.

NORWAY

[42] Government Offices in Oslo Adopt Smoking Ban

On January 1, 1993, a total smoking ban was reportedly introduced in government offices in the old part of the city of Oslo. Evidently, this is the first area of Oslo in which such a ban has been introduced. *See Arbeiderbladet*, December 29, 1992.

SWEDEN

[43] Smoking Legislation Introduced

The government has reportedly introduced a tobacco bill that would restrict workplace smoking in nurseries, schools and hospitals. Smoking in these establishments would only be permitted in designated smoking rooms. Restaurants would also be subject to the restrictions; those with more than 50 seats would be required to designate nonsmoking areas. Hotels and similar establishments would reportedly be required to offer nonsmoking rooms. In addition, smoking in public service vehicles would be prohibited. Smoking compartments, however, would be permitted on trains. *See Svenska Dagbladet*, February 5, 1993.

[44] Stockholm Politicians Consider Restaurant Smoking Ban

Several members of the Stockholm county council have reportedly suggested that Stockholm's restaurants should impose smoking bans during a trial period this autumn. The plan would require that 50 different types of restaurants provide smoke-free service during certain days of the week. Apparently, this would be done on a rotational basis. *See Svenska Dagbladet*, February 1, 1993.

UNITED KINGDOM

[45] Workplace Smoking Control Bill Introduced

On February 2, 1993, Labour's George Foulkes introduced the "Health and Safety at Work (Tobacco Smoking) Act 1993," in the House of Commons. A copy of the bill is attached as Appendix C.

The Act prohibits smoking in enclosed work areas but allows employers to set aside designated smoking areas if they so choose. The Act also provides that an employee shall be deemed unfairly dismissed if such employee is principally fired for refusing to work in a smoking area, or if the employee voluntarily leaves because the employer fails to provide a smoke-free area.

The Secretary of State is charged with, among other things, making regulations: (i) specifying the term "designated" area; (ii) defining which areas will be exempted; and (iii) requiring consultation with employees before deciding which areas are designated.

According to press reports, the bill is apparently unlikely to proceed further because of pressures on the parliamentary timetable, although MP Foulkes has reportedly challenged the government to allow time for its passage. *See Press Association Newsfile*, February 2, 1993.

[46] Smoking Ban Imposed in Health Care Facilities

Beginning March 1, 1993, all hospitals, health centers, clinics and offices controlled by the Argyll and Clyde Health Board will reportedly ban smoking. According to a Board spokesperson, contracts of employment could be terminated if staff members fail to comply with the new policy. Segregated smoking areas are reportedly being recommended. *See Glasgow Evening Times*, January 22, 1993.

[47] Fines Threatened if Voluntary Smoking Bans are not Introduced

In a Commons written reply following Opposition calls for a ban on tobacco advertising, Health Minister

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Dr. Brian Mawhinney reportedly stated that the government would consider assessing fines of up to 200 pounds if voluntary smoking bans are not imposed in eight out of ten public places by next year. *See Today*, January 27, 1993.

LEGAL ISSUES AND DEVELOPMENTS

AUSTRALIA

[48] Experts Warn of Legal Action Against Smoking Parents

Family law specialists are reportedly predicting that parents who fail to provide their children with a smoke-free environment in the home may face restraining orders, particularly in child custody cases where the allegedly-affected child has a bronchial problem and there is medical evidence to relate the problem to ETS exposure. Stephen Woodward, executive director of ASH, believes that a pre-existing illness should not be necessary as "the mere risk of lung cancer is sufficient for parents not to smoke around kids." According to Woodward, several individuals in Melbourne have sought his advice on the issue. *See Herald-Sun*, January 26, 1993.

THE NETHERLANDS

[49] Netherlands Smoker Fined in June Challenges Smoking Ban

A woman who was fined in June 1992, for smoking on a local train in the north of the country has reportedly challenged the smoking ban as having no legal basis. Apparently, only national railway officials can impose a smoking ban in one section of a train. The national railway, reportedly in accordance with the challenge, has decided to allow smoking in the entrance of each compartment. According to press reports, the national railway may implement a general smoking ban on some types of trains beginning January 1, 1994. *See De Volkskrant*, December 24, 1992.

NEW ZEALAND

[50] Legal Aid Submission Filed on Behalf of Tobacco Companies

Rothmans of Pall Mall Ltd., WD & HO Wills Ltd., and Philip Morris Limited have reportedly filed a submission with the Legal Services Board regarding the funding of possible tobacco litigation in New Zealand. The submission refers to newspaper articles which indicate that ASH is actively seeking plaintiffs with ETS claims to bring lawsuits against the tobacco industry. Although the submission emphasizes the failure of smokers who have brought lawsuits around the world, its arguments regarding the problems for plaintiffs in terms of expense and proving causation, and the many legal defenses that are available to the tobacco companies, are equally applicable to ETS claims. A similar submission was made on behalf of the tobacco companies in Australia. *See* issue 40 of this Report, February 5, 1993.

UNITED KINGDOM

[51] Settlement in ETS Case Provokes Widespread Interest

The settlement of the Veronica Bland case, which involved a claim of injury from ETS exposure, *see* issue 40 of this Report, February 5, 1993, has been widely publicized in the media and appears to be spurring interest in further litigation and regulatory activities. One newspaper article observes that ASH is considering supporting legal actions against about 20 different employers who allegedly fail to provide facilities that separate smokers from nonsmokers. The cases reportedly include an office cleaner for a Liverpool tobacco company, a bank clerk, and a health authority employee. According to ASH, the most likely "victims" are bar staff, waiters and workers in small offices. *See The Guardian*, January 28, 1993.

There are several additional items in this Report in which reference is made to the Veronica Bland case. They include discrimination against smokers by the Royal Liverpool University Hospital; a Teletext survey of viewers on workplace smoking bans; predictions about further similar legal actions; and a commentary on antismoking fervor.

[52] ETS "Victim" Hotline Set Up

In response to the Veronica Bland case, a Bristol law firm has reportedly set up a hotline for "passive smoking victims" to register claims. Solicitors Roger

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Gibbs and Co. will apparently ask potential claimants to complete a confidential questionnaire and will then offer a free consultation with the firm. According to one of the firm's partners, the firm will try to provide assistance to those employees who feel they have genuine claims but do not have union support to pursue their claims. *See Bristol Evening Post*, January 29, 1993.

SCIENTIFIC/TECHNICAL ITEMS

UPCOMING MEETING

[53] "Indoor Air Quality and Respiratory Disease," London, England, April 14, 1993

This one-day conference is expected to focus on respiratory health problems including asthma and lung cancer, in the context of indoor air quality. Speakers will include Martin Jarvis, who will present "Exposure to Passive Smoking: The Evidence from Measures of Cotinine," and Peter Lee, who will present "Environmental Tobacco Smoke and Lung Cancer." Other presentations will focus on scientific considerations on indoor/outdoor air quality, indoor allergens and childhood asthma, airways hypersensitivity, respiratory virus infections, and birds and diseases.

The conference is sponsored by Indoor Air International in association with the Medical Research Council Toxicology Unit and the Centre for Toxic Waste Management, Imperial College of Science, Technology & Medicine.

CARDIOVASCULAR ISSUES

[54] "The Heart: A Target Organ for Cigarette Smoking," A. Leone, *Journal of Smoking-Related Disorders* 3(3): 197-201, 1992 [See Appendix A]

The author of this article reports briefly on several studies on "the role of smoking on the cardiovascular system." He includes a study of cardiac performance during exercise, in which men were exposed to a "smoking environment." The author claims that the study subjects "showed impaired cardiac performance" when exposed to smoke.

RESPIRATORY DISEASES AND CONDITIONS — CHILDREN

[55] "Drug Consumption During the First 18 Months of Life of Infants from Smoking and Non-smoking Families," A. Hakansson and C. Petersson, *British Journal of General Practice* 42: 362-365, 1992 [See Appendix A]

The authors of this Swedish study report on drug consumption by infants, in relation to "social variables," including parental smoking. They report that infants from smoking families were prescribed significantly more antibiotics than were infants from non-smoking families. Treatment for respiratory tract infections was also reportedly higher in infants from smoking families.

OTHER HEALTH ISSUES

[56] "Risk Factors for Atrial Septal Defect," J. Tikkanen and O.P. Heinonen, *European Journal of Epidemiology* 8(4): 509-515, 1992 [See Appendix A]

This study focuses on environmental factors during pregnancy as possible risk factors for atrial septal defect, a malformation of the heart, in infants. The authors present statistically nonsignificant odds ratios for ETS exposure at home or at work.

OTHER DEVELOPMENTS

AUSTRALIA

[57] ◆ Shopping Centre to Introduce Smoking Ban

Brookside Shopping Centre in Brisbane will reportedly be the first in the area to introduce a total smoking ban. The ban will cover shoppers as well as the 1,500 employees at the centre's 107 stores. The ban will go into effect on March 31, 1993, and smoking shelters will be provided outdoors for workers to smoke during their breaks. The policy is reportedly being adopted following successful legal challenges by individuals allegedly claiming injury from ETS exposure. Other centres in the area have no immediate

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plans to follow Brookside's lead. *See North West News*, January 20, 1993.

In a related story, the manager of the Tweed City Shopping Centre is calling for Tweed City and the Gold Coast to adopt smoking bans in shopping centres. He is apparently pushing for shopping centre owners to impose smoke-free policies in concert and praises the owner of the Pacific Fair Shopping Centre which has announced that smoking bans will be phased in at its 17 properties during the next 12 months. The chairman of the Australian Council of Shopping Centres is reportedly predicting that all centres will be smoke free within a year. Liability issues are apparently foremost among the concerns of shopping centre owners. *See Goldcoaster*, January 16, 1993.

Westfield's 22 shopping centres are also reportedly considering adopting smoking bans. Apparently, centre owners fear litigation in the wake of the U.S. EPA Risk Assessment on ETS. *See Northern News*, January 21, 1993. Chermside Shopping Centre, however, has no plans to ban smoking despite the actions being considered or taken by other centres. *See Northside Chronicle*, January 27, 1993.

Canada

[58] Antismoking Activist Pickets McDonald's

According to press reports, a McDonald's customer has launched a campaign to force the restaurants to ban smoking. McDonald's reportedly reserves about two-thirds of its seating for nonsmokers and responded to the antismoking picketing activities of customer Bram Cohen by stating that the restaurant will continue to provide smoking areas for those customers who wish to smoke, unless precluded from doing so by law. *See The Gazette (Montreal)*, February 4, 1993.

Czechoslovakia

[59] WHO Recommends Smoking Bans to Protect Nonsmokers

Meeting in Prague, a delegation of the World Health Organization reportedly said the Czech republic should take steps to reduce tobacco smoking in the workplace and in public places to protect nonsmokers from ETS exposure. According to the group, smoking in Czechoslovakia has "worsened" in the last three years in comparison to the developed countries of Western Europe. *See CTK National News Wire*, February 5, 1993.

European Community

[60] EC Finances Sick Building Syndrome Project

The *Wall Street Journal* reports that the EC will be largely financing a $1.9 million project to study IAQ in office buildings. The project's goal is reportedly to "defeat Sick Building Syndrome." A 29-year-old Dutch scientist, Dr. Philomena M. Bluyssen, will apparently be the project coordinator.

Bluyssen is said to be a "bit of a star in the arcane world of Indoor Air Quality." She reportedly uses "sophisticated sniffing" methods to track down causes of IAQ problems and her "services as a sniffing sleuth are in demand."

The EC project, dubbed the "IAQ Audit," will involve training panels of people to sniff scientifically and rate the perceived IAQ inside buildings. Each panel will sniff six buildings in each of nine countries. Bluyssen plans to write an IAQ handbook using the data once the project has been completed.

A Yale University environmental health professor, interviewed for the article, was critical of Bluyssen's methods stating, "There is no clear way to verify whether trained sniffers produce valid results." He said that nasal judgments should be combined with other types of testing. *See Wall Street Journal*, February 8, 1993.

Japan

[61] Railway Company Adopts Smoking Restrictions

East Japan Railway Co. will reportedly begin implementing smoking restrictions in its 349 stations near Tokyo and its 24 major stops in eastern Japan within the next month. As early as March 1, 1993, customers will be permitted to smoke only in designated areas. The new policy will reportedly affect some 15 million daily passengers. The company is also reportedly planning to extend the restrictions to 376 other stations where smoking is now permitted during certain hours.

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According to press reports, smoking bans are already in effect in Sagami Railway Co. stations in Tokyo and in subway stations. Designated nonsmoking sections on the Tokaido Shinkansen super express lines between Tokyo and Hakata, Fukuoka Prefecture, will apparently be increased to 45 percent from the present 30 percent on March 18. *See Japan Economic Newswire*, February 1, 1993.

[62] Antismoking Group Marks Anniversary

The "Group to Establish Non-smoking Rights" reportedly marks its 15th anniversary this month. The group lobbies for smoking bans in public places and has proposed launching an antismoking education program in high schools. Begun by a small group of doctors, lawyers and company employees in Tokyo in 1978, the group currently boasts a membership of 100,000. *See The Daily Yomiuri*, February 5, 1993.

South Africa

[63] Stiff Fines Face Smokers Who Light Up on Public Buses

Smoking has reportedly been banned on all public buses in Johannesburg. Violators face fines of up to $650 or six months in jail. *See The Star*, December 3, 1992.

United Kingdom

[64] Booklet on Indoor Air Quality Attacks ETS

The Scottish Office of the Environment Department has produced a booklet on IAQ in the home which states: "smoking of course is a major cause of air pollution in the home." The booklet also discusses carbon monoxide, radon, asbestos, dust, mold, lead and other toxic substances. The advice given to homeowners with regard to ETS is to not smoke at home, particularly in the presence of children. Ventilation is also recommended, but the booklet concludes that "ventilation alone does not adequately safeguard against exposure to environmental tobacco smoke."

[65] Government Funded Project Launches Antismoking Initiatives

The West Yorkshire Smoking and Health project has reportedly been launched to introduce more smoke-free areas in the region. The project, funded by the government, will make clean-air awards to pubs and restaurants, will encourage employers to recognize the rights of their nonsmoking employees, and will stress the alleged dangers to nonsmokers from ETS exposure. According to health coordinator Pat Hodgson, some local organizations take the issue seriously, but much more needs to be done to protect nonsmokers. A smoking ban was reportedly introduced on Keighley and District Travel service buses three years ago. *See Keighley News*, January 22, 1993.

[66] Hospital Announces Intent to Discriminate Against Smokers

The Royal Liverpool University Hospital reportedly plans to ask job applicants whether they smoke or drink and will withdraw sickness benefits from those who take time off with smoking or drink-related illnesses. Although smoking is already restricted at the facility, the new policy calls for the adoption of a total smoking ban. Union officials are reportedly promising to fight the changes which they believe have been prompted by the award of damages in the case of Veronica Bland for injury allegedly caused by ETS exposure. *See The Independent*, February 8, 1993; *Sunday Telegraph*, February 7, 1993.

[67] Survey of Doctors Shows Lack of Advice to Patients About ETS

The British Medical Association has reportedly surveyed family practitioners regarding the advice they are giving their patients regarding exposure of the fetus and young children to ETS. Apparently, doctors wish to help their patients stop smoking but most do not discuss the alleged adverse effects of ETS exposure with their pregnant patients. *See The Independent*, February 3, 1993.

In a related story, it has been reported that a urine test may soon be available that will demonstrate to parents that their children are being exposed to ETS. The test, which measures the level of cotinine and other forms of nicotine in a child's urine, is being developed in the Wolfson Laboratory at the Queen Elizabeth Medical Centre in Birmingham. *See The Independent*, February 2, 1993.

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[68] Supermarket Giant Will Impose Smoking Ban

Supermarket giant Asda will reportedly impose a smoking ban at its head office in Leeds on March 1. An emergency smokeroom on the top floor will apparently be provided for those who wish to smoke, and hypnotists will be brought in to assist staff members who wish to quit. The ban is reportedly being imposed to protect nonsmokers from continuous exposure to ETS. *See Press Association Newsfile*, February 5, 1993.

[69] Newspaper Promotes Anti-Smoking Campaign

An advertisement appearing recently in a newspaper encourages anyone who is a "victim of passive smoking" to send in for stickers saying "Please Don't Smoke Near Me," which the newspaper and a television program are providing free of charge. The stickers are intended to be used in the home, car, office, or workplace, or are to be given to friends. *See Today*, January 29, 1993.

[70] Teletext Viewers Favor Workplace Smoking Bans

Some 80 percent of Teletext viewers who were invited to phone in their views on workplace smoking following reports on the settlement reached in the Veronica Bland case apparently voted "yes" in answer to the question "Should smoking be banned in the workplace?" The poll is one in a regular series carried out by Teletext.

According to press reports, a growing number of employers are seeking information on the issue of ETS; the Institute of Personnel Management has said that there has been a "flurry" of requests for its guide *Smoking Policies at Work* since news of the Bland story became public. The union which represented Bland, NALGO, has also reported numerous requests for information from private companies and insurance companies. *See Press Association Newsfile*, February 1, 1993.

[71] Predictions of Voluntary Workplace Smoking Bans Follow Settlement in Veronica Bland Case

According to press reports which followed up stories on the settlement reached between Veronica Bland and her employer, offices and factories all over Britain will soon be imposing workplace smoking bans to avoid a "flood of similar actions," and paying out "thousands of pounds to victims of passive smoking." *See Today*, January 28, 1993.

[72] ASH Claims More Employers Move to Ban Smoking

According to a press report, Abbey National will join those businesses which ban smoking by establishing a ban in all of its offices beginning in April. A survey found that 80 percent of the staff were nonsmokers. ASH claims that half of Britain's companies have banned smoking in public areas to avoid the alleged danger of ETS exposure. Barclays Bank reportedly bans smoking during busy periods, and the BBC leaves it up to local managers to decide whether to impose smoking bans. *See The London Times*, January 28, 1993.

[73] Major Suburban Rail System Bans Smoking

In January, Network Southeast, a major suburban rail system, reportedly banned smoking on all trains. *See Agence France Presse*, February 3, 1993. The policy had been under consideration at the end of last year. *See* issue 37 of this Report, December 18, 1993.

MEDIA COVERAGE

CANADA

[74] "For Rent: Healthy Building," D. Jones, *The Financial Post*, January 23, 1993

According to the author of this article, some building owners in Halifax are aggressively seeking tenants by marketing the "healthy" IAQ of their buildings. Poor IAQ and "sick building syndrome" are apparently creating problems for building designers, contractors and owners in Canada, and the Building Owners and Managers Association of Canada is reportedly conducting seminars and workshops throughout the nation to inform members about IAQ issues. The author observes that Camp Hill Hospital in Halifax is embroiled in a series of lawsuits regarding liability for renovations in a facility that has allegedly affected the health of some 600 employees.

UNITED KINGDOM

[75] ◆ *Financial Times* Articles Report Smoking Ban Regulations in U.S. are Imminent

In two articles discussing the alleged health effects of ETS exposure, it was reported that federal regulations

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will soon be issued in the U.S. as a result of the EPA Risk Assessment on ETS that will "make it mandatory for companies with more than 10 employees to prohibit smoking" in the workplace. According to one of these articles, U.K. employers may join the move to ban smoking in the workplace, although the Confederation of British Industry is reportedly adamant that this should be a matter for individual employers to decide. *See Financial Times*, January 27 & 28, 1993.

[76] "Passive Smoking Dangers?," *Yateley & District Courier*, January 20, 1993

This article summarizes the materials being reprinted by the smokers' rights group FOREST which indicate that the studies showing a risk to health from ETS exposure are based upon "bias and shoddy research." The article highlights the fact that the criticism of the ETS studies appeared in an independent report published by *Consumers' Research*.

[77] "Health Fascists Try to Stub Me Out," J. di Giovanni, *Sunday Times*, January 31, 1993

In this article, the author observes that the "fervent anti-smoking lobby in America has taken on Orwellian dimensions and it is quickly spreading around the world." She describes a recent visit to the United States where she was generally reviled for smoking in public and subjected to extensive smoking restrictions.

The Veronica Bland case is discussed, as is the workplace smoking bill that was introduced in parliament by Labour MP George Foulkes. The author asserts that anti-smoking activities are taking place throughout the world even though, in her opinion, the medical evidence regarding ETS exposure is unsubstantial.

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APPENDIX A

The numbers assigned to the following article summaries correspond with the numbers assigned to the synopses of the articles in the text of this Report.

IN THE UNITED STATES

SCIENTIFIC/TECHNICAL ITEMS

ETS EXPOSURE AND MONITORING

[21] **"Passive Smoking and Tobacco Chewing Among Alaska Children: Measuring Saliva Cotinine," R.A. Etzel, D.B. Jones, C.M. Schlife, J.R. Lyke, F.W. Spierto, and J.P. Middaugh, *Journal of Smoking-Related Disorders* 3(2): 161-165, 1992**

"Our study objective was to document passive smoking and the use of smokeless tobacco among young children in rural Alaska by measuring saliva cotinine concentrations."

"The study population lived in the Yukon-Kuskokwim delta of western Alaska. The subjects of this study were 106 children, three to six years of age, who were attending Head Start programmes in two rural Alaskan communities."

"The following five questions about tobacco use were asked:

1) How many people in the household where the child lives smoke cigarettes?
2) About how many packs of cigarettes are smoked a day by all the people in the house where the child lives?
3) About how many hours a day does this child spend indoors in a place where people are smoking?
4) Does this child chew tobacco?
5) About how many times a day does this child chew tobacco?"

"Cotinine was detected in the saliva of 17 (57%) of the 30 children in this study whose parents reported that the children had been exposed to tobacco smoke. Thirteen (38%) children without reported exposure to tobacco smoke had detectable cotinine, biochemical evidence of exposure."

"Most of the children in this study had concentrations of cotinine less than 10 ng/mL, comparable with those found in other surveys of passive smokers. Although passive smokers usually have cotinine concentrations below 5 ng/mL, heavy passive exposure can result in levels of more than 10 ng/mL. The highest cotinine concentrations previously reported in passively-exposed children were 25 ng/mL and 30 ng/mL. We found it remarkable that three children in this study had concentrations over 100 ng/mL (108.6, 175, and 264 ng/mL). Such high concentrations are incompatible with passive exposure to tobacco smoke only. There are comparable with cotinine concentrations found in adult users of chewing tobacco, who have an average saliva cotinine concentration of 255 ng/mL . . . Thus, we conclude that Native Alaskan children's own use of chewing tobacco probably contributed to these high concentrations."

"The 13 reportedly unexposed children who had detectable cotinine in their saliva could have been exposed to tobacco products within the previous few days without the parents reporting the exposure or perhaps even being aware of it. Likewise, the 13 reportedly exposed children who had no detectable cotinine may have been cared for by non-smokers during the previous few days."

"Both passive smoking and the use of smokeless tobacco are dangerous for young children. This study shows that 44% of 3 to 6-year old children in two rural Alaskan villages have cotinine concentrations consistent with passive smoking, while approximately 3% of them had cotinine concentrations comparable to those of cigarette smokers and users of smokeless tobacco."

[22] **"Subchronic Inhalation Study in Rats Using Aged and Diluted Sidestream Smoke from a Reference Cigarette," C.R.E. Coggins, P.H. Ayres, A.T. Mosberg, J.W. Sagartz, and A.W. Hayes, *Inhalation Toxicology* 5: 77-96, 1993**

"Male . . . rats were exposed 6 hr/day; 5 days/week for up to 18 weeks to aged and diluted sidestream smoke (ADSS), used as a surrogate for environmental tobacco smoke (ETS), at concentrations of 0.1 ("typical"), 1 ("extreme"), or 10 ("exaggerated") mg of particulates/m^3. . . . Animals were exposed nose-only, inside whole-body chambers, to ADSS from the 1R4F reference cigarette. End points included histopathology, CO

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oximetry, plasma nicotine and cotinine, clinical pathology, and organ and body weights. The target particulate concentrations were achieved; at the exaggerated exposure they resulted in CO concentrations in excess of 50 ppm. . . . The only pathological response observed was slight to mild epithelial hyperplasia in the rostral nasal cavity, in the exaggerated exposure group only. No effects were noted at low (typical of measured real-world ETS concentrations) or extreme exposures. The changes were similar in animals killed after 4, 28, or 90 days, and were also similar to those noted in an earlier experiment with only 14 days duration, indicating that the change does not progress with increased exposure duration from 4 to 90 days. The nasal change was absent in a subgroup of animals kept without further smoke exposure for an additional 90 days, indicating complete reversibility. Overall, the end points used in the study demonstrated that (1) there was no detectable biological activity of ADSS at typical or even 10-fold ETS concentrations, and (2) the activity was only minimal at exaggerated concentrations in one region of one organ only."

[23] "Environmental Tobacco Smoke in Commercial Aircraft," D.J. Eatough, F.M. Caka, J. Crawford, S. Braithwaite, L.D. Hansen, and E.A. Lewis, *Atmospheric Environment* 26A(12): 2211-2218, 1992

"There has been an increased interest in determining exposure to ETS in commercial aircraft by quantifying the concentrations of pollutants associated with ETS, determining the factors which control the concentrations of ETS present in nonsmoking sections of passenger cabins and developing models for predicting exposure."

"We have measured a variety of compounds associated with ETS as well as several non-unique species (Such as PM2.5 and CO) in both smoking and nonsmoking sections of aircraft cabins. The spectrum of species and aircraft sampled is intended to provide a database for the development of models for the prediction of ETS concentrations in aircraft cabins under a variety of conditions. This paper presents the results obtained from a series of DC-10 flights."

"The concentration of most environmental tobacco smoke constituents in the smoking section of an aircraft cabin can be calculated from the frequency of smoking during a flight, the size of the smoking section and ventilation rate. The concentration of nicotine will tend to be overestimated in this calculation due to selective loss of nicotine to cabin surfaces. The concentration of some constituents (e.g. PM2.5 and CO) may be underestimated in the calculation due to contributions of non-ETS sources to these species. CO and NO_x, as well as ozone, may be introduced to the aircraft cabin from the inlet air. The rate of penetration of environmental tobacco smoke constituents from the smoking section into the nonsmoking section follows a first-order rate law. The rate of penetration was constant for the various DC-10 aircraft flown in this study. The expected rate of decrease in the concentration of various constituents with distance into the nonsmoking section can be altered by selective removal of compounds by cabin surfaces (e.g. nicotine) or by the presence of non-ETS sources of some species in the nonsmoking section (e.g. CO, PM2.5 or NO_x). Additional data are needed to determine what variables control the first-order penetration of environmental tobacco smoke constituents from the smoking to the nonsmoking sections of a variety of aircraft. The model developed in this paper has been successfully applied to other data sets. Manuscripts describing this extension of the concepts presented here are being prepared for publication."

Smoking Polices and Related Issues

[24] "Smoking Policies of Licensed Child Day-Care Centers in the United States," D.E. Nelson, J.J. Sacks, and D.G. Addis, *Pediatrics* 91(2): 460-463, 1993

"To our knowledge, the smoking policies and levels of exposure of children to ETS in day-care centers are unknown. We reviewed laws regulating smoking in day-care centers and analyzed data from a national sample of licensed child day-care centers to estimate potential ETS exposure among the estimated 3.94 million children ≤5 years of age regularly cared for in licensed or accredited centers."

"The authors analyzed data from a national survey of 2003 directors of licensed child day-care centers to determine employee smoking policies, measure compliance with state and local employee smoking regulations for child day-care centers and state clean indoor air laws, and to estimate the extent of exposure to environmental tobacco smoke in these settings. Forty states regulated employee smoking in child day-care centers,

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but only three states required day-care centers to be smoke-free indoors. More than 99% of licensed child day-care centers had employee smoking policies that complied with the appropriate state or local smoking regulations. Nearly 55% of centers were smoke-free indoors and outdoors, and 26% were smoke-free indoors only."

"Most states have regulations limiting smoking in child cay-care centers, but few require smoke-free policies. We found that nearly all licensed child day-care centers had policies that restricted employee smoking while at work, and the majority of these policies required facilities to be either totally smoke-free or smoke-free indoors. Smaller centers, centers located in the West or South, and independently owned centers were most likely to have stringent employee smoking policies. Most centers had written smoking policies and were willing to hire smokers. Nearly all centers had employee smoking policies that complied with state or local regulations, although 11 states had no such regulations for licensed child day-care centers."

"More than 18% of children attended licensed day-care centers with policies restricting employee smoking to certain times or places. A policy that allows employees to smoke in rooms when children are not present does not adequately protect children from ETS because it takes several hours for ETS to be cleared from an indoor environment. A policy that allows employees to smoke in rooms in which children are prohibited is also unlikely to protect children from ETS. Unless these rooms have a separate air circulation system venting directly to the outdoors (the cost of such a system is prohibitive), ETS will be circulated to all rooms in the buildings. Projecting our results nationally (based on 19.1% of the estimated 3.94 million children ≤5 years of age who attend licensed or accredited day-care centers without smoke-free policies), an estimated 752000 young children are at risk for ETS exposure in these settings."

"Although only Alaska, Arkansas, and Minnesota have laws or regulations stipulating that day-care centers be smoke-free indoors, our data suggest that clean indoor air laws and smoking regulations may be associated with more stringent employee smoking policies in day-care centers. If so, the implication is that state or local regulation of employee smoking in day-care centers would effectively reduce the risk of ETS exposure to children in day-care centers."

"There are limitations to our study. Our results may not be applicable to family day-care homes, which are often unregulated, and therefore may be less likely to have or enforce smoke-free policies. The large number of local clean indoor air laws made it impractical to determine center compliance with these laws. . . . Another limitation is that actual employee smoking practices may differ from reported smoking practices and smoking policies. . . . Finally, no environmental measurements of ETS exposure were conducted."

"Because exposure to ETS has such serious health consequences for children and there is no known safe level of exposure, parents and pediatricians should insist that day-care centers in their communities be at least smoke-free indoors and, preferably, totally smoke-free."

IN EUROPE & AROUND THE WORLD

CARDIOVASCULAR ISSUES

[54] "The Heart: A Target Organ for Cigarette Smoking," A. Leone, *Journal of Smoking-Related Disorders* 3(3): 197-201, 1992

"The purpose of this report is to discuss briefly our previous studies and to prove that cigarette smoking damages the heart."

"We studied 19 non-smoking male volunteers. These consisted of nine healthy subjects and 10 patients with previous myocardial infarction. The volunteers underwent exercise stress testing twice; once in a smoke-free environment and once in a smoking environment (carbon monoxide concentration 30-35 ppm)."

"In each studied subject we measured the peak of exercise (Watts), time for recovery to pre-exercise heart rate (min) and plasma (%) and expired carbon monoxide concentrations (ppm). . . . Each subject acted as his own control. No healthy volunteer developed chest pain during stress testing, but we stopped the exercise stress testing of four volunteers with a previous myocardial infarction in the smoking environment because of warning ventricular arrhythmias."

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"In summary, we reached the following conclusion. Acute exposure to passive smoking impaired cardiac performance of both survivors of infarction and healthy volunteers. Survivors showed a significant reduction of the peak of exercise, prolonged time to recovery to pre-exercise plasma carbon monoxide concentration and ventricular arrhythmias in a smoking environment. Healthy people showed prolonged time to recovery to pre-exercise heart rate in the same environment. Therefore, both groups showed impaired cardiac performance in a smoking environment, although with different results."

"Cigarette smoking has to be considered a potential hazard of daily life. Smoke inhalation, either active (such as smoking a cigarette) or passive (such as breathing indoor smoke), can cause a severe impairment of cardiac function. The results we discuss in the present overview justify such a statement."

Respiratory Diseases and Conditions — Children

[55] "Drug Consumption During the First 18 Months of Life of Infants from Smoking and Non-smoking Families," A. Hakansson and C. Petersson, *British Journal of General Practice* 42: 362-365, 1992

"The aim of this study was to determine the overall consumption of drugs — particularly antibiotics — in a geographically well defined infant population, from birth up to the routine 18-month check up at the child health clinic. A further aim was to study the association between drug consumption and various social variables, especially the association between 'passive smoking' and the use of antibiotics. In addition, the reliability of the interview method compared with review of medical records was investigated."

"The study population comprised 240 infants, of whom 90 were from families where tobacco was smoked by one or both parents and 150 were from non-smoking families. The investigation was carried out retrospectively by interviewing the mothers at the routine 18-month check up at the child health clinic, combined with study of the medical records at the district health centre, and at the paediatric and ear, nose and throat departments of the nearby hospital."

"[S]ignificantly more infants had been given antibiotics (or other antibacterial agents) in smoking families than in non-smoking families. Infants in smoking families were also given significantly more nose drops and dimethicone/dicyclomine hydrochloride, than infants in non-smoking families. . . . [I]nfants from smoking families had been more affected by respiratory tract infections requiring antibiotics than had infants from non-smoking families in all age groups except the oldest."

"At the 18-month check up [in this study], about two thirds of all infants in Teleborg had been given an antibiotic (or other antibacterial agent) on at least one occasion. The Tierp study [published elsewhere] produced rather lower figures — at the age of two years, 56% of Tierp children had received antibiotics on at least one occasion; at the age of one year, the corresponding figure was 33%."

"The overall drug consumption of the infants in this study would appear to be relatively high. This tendency to treat even very young infants with medication in cases of sudden illness has been demonstrated in a Swedish study of parent-reported drug consumption."

"As regards the association between parents' smoking habits and infant morbidity, particularly respiratory tract infection, the study has demonstrated that infants from smoking families are more often given antibiotics than infants from non-smoking families. The impression that the difference is a real one is strengthened by the higher incidence of respiratory tract infections requiring antibiotic treatment among infants from smoking families in all the three-month age groups except the oldest during the first 18 months of the infants' life and by the fact that the cumulative difference between the groups tended to increase as the infants' age increased."

Other Health Issues

[56] "Risk Factors for Atrial Septal Defect," J. Tikkanen and O.P. Heinonen, *European Journal of Epidemiology* 8(4): 509-515, 1992

"The possible effect of environmental factors during pregnancy on the occurrence of atrial septal defect (ASD-secundum) in the offspring was studied in 50 cases and 756 controls. The cases represented all verified ASDs in Finland during 1982-83. The controls were randomly selected from all infants born

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during the same period. Case and control mothers were interviewed by midwives using a structured questionnaire approximately three months after delivery. Congenital heart disease was more prevalent among parents of cases than those of controls. Maternal alcohol consumption during the first trimester of pregnancy appeared to double the risk of atrial septal defect (OR = 1.9, CI_{95} = 1.1-3.4). Maternal exposure to chemicals at work during the first trimester was more prevalent among the ASD-group (40.0%) than the control group (26.2%). The risk of ASD was not associated with maternal smoking, or coffee, tea or acetosalicylic acid consumption."

"Maternal exposure to video display terminals, microwave ovens, organic solvents, anesthetic gases, pesticides or wood preservatives during the first trimester of pregnancy were not associated with the risk of an atrial septal defect. It is concluded that some common physical and chemical exposures during early pregnancy should not necessarily be considered risk factors for atrial septal defect." ["Exposure to passive smoking" was also investigated. For exposure at home, an OR of 1.0 (95% CI 0.5-1.9) was reported; for workplace exposure, the reported OR was 0.5 (95% CI 0.2-1.5).]

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OFFICE OF ENVIRONMENTAL HEALTH HAZARD ASSESSMENT

January 28, 1993

Dear Sir or Madam:

Request for Information Regarding Environmental Tobacco Smoke

The California Environmental Protection Agency's Office of Environmental Health Hazard Assessment (OEHHA) is writing to request that you provide pertinent information you would like the OEHHA staff to consider as they evaluate the health effects of environmental tobacco smoke (ETS).

We have conducted a reference search on ETS using several data bases. These references include material published from 1968 to early 1992. The attached bibliography lists recent relevant references from this information search. We are requesting additional pertinent information on ETS, including any material that may not be available to the public or that is not included in the enclosed bibliography (Enclosure I).

Specifically, we are requesting information on ETS exposure and cancer, reproductive/developmental toxicity, and cardiovascular and respiratory effects. We are also interested in the aspects of exposure critical to an understanding of the potential risks of ETS exposure.

We would appreciate receiving any information you wish to submit by March 15, 1993. Please send the information to:

ETS Health Effects Evaluation
Attention: Susan Royo
Office of Environmental Health Hazard Assessment
2151 Berkeley Way, Annex 11, Room 408
Berkeley, California 94704
Telephone: (510) 540-2084

Thank you for your attention to this request.

Sincerely,

Steven A. Book, Ph.D.
Deputy Director

ISSUE 41
APPENDIX B

Enclosure

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Enclosure 1

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Health and Safety at Work (Tobacco Smoking)

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BILL

To amend the Health and Safety at Work etc. Act 1974 so as to provide for the control of smoking in places of work; and for connected purposes.

Presented by Mr George Foulkes
supported by

Mr Roger Sims, Mr Sam Galbraith, Mr David Alton, Dr Lewis Moonie, Mr Jerry Hayes, Mr John Maxton, Sir John Stanley, Mr Henry McLeish, Mr Alistair Darling and Maria Fyfe.

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APPENDIX C

[Bill 125] (term) 51/1

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TO

Amend the Health and Safety at Work etc. Act 1974 so as to provide for the control of smoking in places of work; and for connected purposes. A.D. 1993.

BE IT ENACTED by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

Extension of purposes of Health and Safety at Work etc. Act 1974.

1. After section 1(1)(a) of the principal Act (preliminary provisions) there shall be inserted—

"(aa) ensuring that such persons while working on any enclosed premises other than exempt premises are able to do so in an environment where smoking does not take place;".

General duties of employers as to control of smoking in places of work.

2.—(1) After section 2(2)(e) of the principal Act (general duties of employers to their employees) there shall be inserted—

"(f) the prevention of smoking, whether by employees or other persons having access to the place of work, in any place of work consisting of enclosed premises (not being exempt premises) under the employer's control except as may be permitted under section 9A of this Act.".

(2) In section 2(3) of the principal Act, after the word "employees" where it first occurs, there shall be inserted the words "(including the establishment of a non-smoking policy)".

General duty of persons concerned with premises as to control of smoking.

3. In section 4 of the principal Act (general duties of persons concerned with premises to persons other than their employees), after the words "such measures", there shall be inserted the words "(including measures to prevent smoking on the premises (unless they are exempt premises) by persons using them, except as may be permitted under section 9A)."

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Further provisions as to smoking and the rights of employees.

4. After section 9 of the principal Act there shall be inserted the following:—

"Designation of areas for smoking.

9A. Subject to any health and safety regulations under section 15(6A)(d) of this Act, an employer, or a person who has control of premises to which section 4 of this Act applies, may designate part (but not the whole) of a place of work as an area where smoking is permitted but nothing in this Act shall require an employer or such a person to designate such an area.

Prohibition of smoking except in designated areas.

9B. No person shall smoke in a place of work consisting of enclosed premises (not being exempt premises) to which this Act applies except in an area designated under section 9A above.

Rights of employees.

9C.—(1) No employee shall be required by his contract of employment or otherwise to work in a smoking area.

(2)(a) Any employee shall be deemed to have been unfairly dismissed for the purposes of the 1978 Act if—

(i) he is dismissed and the reason for the dismissal is his refusal to work in a smoking area; or

(ii) he terminates his contract of employment with or without notice and the reason for the termination is the failure of his employer to provide him with work in a non-smoking area.

(b) For the purpose of this subsection "reason" means the principal reason.

(3) Every employee shall have the right not to have action (short of dismissal) taken against him by his employer for the purpose of compelling him to work in a smoking area.

(4) Subsection (1) of section 140 of the 1978 Act (restrictions on contracting out) shall apply to any provision whereby an employee is required to forego his rights under this section.

(5) This section does not apply to an employee who is required by his contract of employment to work on exempt premises.

(6) For the purposes of this section—

"the 1978 Act" means the Employment Protection (Consolidation) Act 1978;

"non-smoking area" means so much of any premises as is not a smoking area; and

"smoking area" means an area designated under section 9A of this Act and, in the case of any failure by the occupier of a workplace to comply with the duties as to smoking imposed on them by section 2(3)(f) or, as the case may be, section

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4 of this Act, the expression shall include any part of the workplace where smoking regularly takes place".

Health and Safety regulations as to smoking.

5. After section 15(6) of the principal Act (health and safety regulations) there shall be inserted the following:—

"Regulations as to smoking.

6A The Secretary of State shall make health and safety regulations—

(a) with respect to the designation of smoking areas for the purposes of section 9A of this Act;

(b) specifying categories or descriptions of premises as exempt premises;

(c) specifying or providing for the determination of the maximum permitted size, area or capacity of areas designated or to be designated under section 9A in relation to the total area or capacity of the premises of which any such area forms part;

(d) prohibiting the designation of areas under section 9A in such categories of premises as are specified in the regulations;

(e) requiring the consultation of employees as to the designated areas under section 9A and the adoption of non-smoking policies in places of work;

(f) prescribing the design of signs, giving notice of requirements of the provisions of this Act and of the regulations as to smoking, including the wording and symbols to be used on such signs;

(g) making requirements as to the provision within enclosed places of work of signs such as are mentioned in paragraph (d) of such number and size, and in such positions, as may be specified in the regulations; and

(h) regulating or prohibiting the provision of ashtrays at the entrances to or within enclosed places of work.".

Offences.

6. In section 33 of the principal Act (offences)—

(a) after subsection (1)(b), there shall be inserted—

"(bb) to contravene section 9B;"; and

(b) in subsection (2), after the word "paragraph" where it first occurs there shall be inserted "(bb),".

Amendment of section 53 of 1974 Act.

7. In section 53(1) of the principal Act (general interpretation of Part I):—

(a) after the definition of "the Executive" there shall be inserted—

""exempt premises" means premises specified as exempt premises in health and safety regulations made under section 15(6A)(b) of this Act;";

(b) at the end of the definition of "premises" there shall be inserted "and, for the purposes of so much of this Act as relates to smoking, premises are enclosed if they are situated between a

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floor and a ceiling or roof and are enclosed on all sides by walls or windows (exclusive of doors or passage ways) extending from the floor to the ceiling or roof;"; and

(c) after the definition of "self-employed persons" there shall be inserted—

"smoking" includes having a lighted cigarette, cigar, pipe or any other smoking equipment and "smoke" shall be construed accordingly;".

Interpretation. 1974. c. 37.

8. In this Act, "the principal Act" means the Health and Safety at Work etc. Act 1974.

Short title, commencement and extent.

9.—(1) This Act may be cited as the Health and Safety at Work (Tobacco Smoking) Act 1993.

(2) This Act shall come into force on such a day as the Secretary of State may by order made by statutory instrument appoint, and different days may be appointed under this subsection for different purposes.

(3) This Act shall extend to Scotland.

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